



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604**

AID-LI-I48-AGENCY APPOINTMENT

Name of Insurance Company: _____

Company NAIC Number: _____

Company Mailing Address: _____
P.O. Box or Street City State Zip

Agency Tax Identification Number: _____

Agency Name: _____

Agency Address: _____
P.O. Box or Street City State Zip

Appointed for Lines of Authority: _____

Agents to be appointed under the Agency Appointment: (Attach additional sheet if more agent's are to be listed.)

Agents SS#	Agent's Name	Lines of Authority	Residence State
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To the Insurance Commissioner, State of Arkansas: This is to verify that the person hereby named, after investigation covering both character and fitness, has been duly appointed agent. We further recommend such agent as competent and trustworthy.

Dated _____

Authorized Company Representative

Typed or Printed Name

I, the undersigned, Insurance Commissioner for the State of Arkansas, do certify that the insurer has submitted to me satisfactory evidence that it has complied with all the requirements of the laws of the State of Arkansas governing such companies, and I further certify that the agent has the authority to take risks and transact the business for and in behalf of said company so far as they may be legally empowered and for as long as they may be employed by the above agency.

Dated at Little Rock, Arkansas _____

Insurance Commissioner

**THIS APPOINTMENT MUST BE RETURNED TO THE ARKANSAS INSURANCE
DEPARTMENT IN THE EVENT OF TERMINATION OR CANCELLATION.**